

Rec'd PST/PTO 30 AUG 2005

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		10/511,229	
	Filing Date		October 12, 2004	
	First Named Inventor		Ilaria CAPUA	
	Title		PURIFIED SUBFRAGMENT CODIFYING FOR NEUROAMINIDASE, RECOMBINANT NEUROAMINIDASE AND ITS USE IN ZOOPROPHYLAXIS	
	Art Unit		Not Yet Assigned	
	Examiner Name		Not Yet Assigned	
	Attorney Docket No.		404172000300	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 25226

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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City	State	Zip	
Country	Telephone	Fax	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature <i>Ilaria Capua</i>	Date 26.07.2005
Name ILARIA CAPUA	Telephone +39 049 8084369
Title and Company DR - Istituto zooprofilattico delle Venezie	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Giovanni Cattoli</i>	Date	26/07/2005
Name	GIOVANNI CATTOLI	Telephone	049 8084384
Title and Company	DR. ISTITUTO ZOOPROFILATTICO SPER. LE VENEZIE		

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SIGNATURE of Applicant or Assignee of Record

Signature	Date
STEFANO MARANGON	26/07/2005
Name	Telephone
DR. ISTITUTO ZOOPROFILATTICO SPERIMENTALE DELL'USNERIS	+39/049/8086279
Title and Company	

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